	and the second
PLACE OF BIRTH 1. County of Alla	ONA STATE BOARD OF HEALTH
[VITAL STATISTICS State Index No. 170
Town of ORIGINAL CE	RTIFICATE OF BIRTH Co. Registrar No. 018
or	· Local Registrar No
alde	
	StWard) pital or institution, give its NAME instead of street and number)
1 11 4 11 7	If child is not yet named, make supplemental report, as directed
3. Sex of To be answered 4. Twin, triplet or other ONLY in event of plural births. 5. No., in order of birth	6. Legiti- mate? 7. Date of birthlet. 30-22 (Month, day, year)
8. FATHER	14. MOTHER
Buens Ventura Guerrera	name Onriqueta Garcia
9. Residence (Usual place of abode) If nonresident, give place and Spelola ariz	15. Residence (Usual place of abode) if nonresident, give place and State
10. Color or race 11. Age at last birthday 2.4 (Years)	16. Color or race West 17. Age at last birthday 20 (Years)
12. Birthplace (city or place) Metcel	18. Birthplace (city or place)
	19. Occupation
Marian	Nature of Industry Housewil &
20. Number of children of this mother	living 2 (b) Born alive but now dead O (c) Stillborn O
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	Charles or mawne)
Given name added from	1 de la Company
a supplemental report	Local Registrar.
07/-/030-57/ Filed	(20) J 1922 (8 Cd C) W
	District of. ORIGINAL CE ORIGINAL CE ORIGINAL CE No. (If birth eccurred in a hos Lutura Lutura Sex of Sex of Sex of DNLY in event of plural births. FATHER FATHER FATHER 9. Residence (Usual place of abode) If nonresident, give place and State of the company of the co